Pilot Study Lead Testing Measure for Children by 27 Months of Age - Specifications

Description: The percentage of Medicaid children who turned 27 months old during the measurement year (January 1, 2000 – December 31, 2000), who were continuously enrolled from 9 to 27 months, and who received at least two *capillary or venous blood test for lead poisoning* on or before they turned 27 months of age.

<u>Special Note</u>: Health Plans should start with the childhood immunization sample and then apply the additional continuous enrollment criteria below.

12-31-2000

Denominator Requirements:

Population: Medicaid

Membership: Member must be enrolled in the health plan when they

turned 27 months of age.

Age / Sex: Children who turn 27 months of age during 2000.

Continuous Enrollment: Members must be continuously enrolled between 9 and 27

months of age. A one month gap in enrollment is allowed. However, the child must be enrolled in the health plan on

the day they turned 27 months of age.

Hybrid Sample Size: Health plans should use the exact same population as

the childhood immunization measure. Exclude those members who do not meet the continuous enrollment

criteria.

Administrative Sample: This rate may be calculated administratively and combined

with medical record review. The sample size is the same as the hybrid method. Lab values, however, if not captured administratively, are required as part of the pilot study.

Numerator Requirements: A child is identified as having had a lead test if a

claim/encounter has been submitted for the child with a CPT-4 Code 83655 and a date of service on or before the child turned 27 months old. Two numerators will be

reported as defined below:

Numerator #1: Children in the denominator who received at least one lead

test on or before the child's 27th month birthday.

Numerator #2: Children in the denominator who received at least two lead

tests on or before the child's 27th month birthday. All children who received two lead tests should be reported in

both Numerators #1 and #2.

Medical Record Review:

Children in the denominator whose medical record contains a dated copy of at least two lead tests on or before the child's 27th month birthday. Note the lead tests must have been completed, not just ordered. Results of the lead tests must be recorded in the medical record. Laboratory slips are sufficient evidence, provided the child's name, date of birth, dates of lead tests and results of lead tests are recorded. Results of erythrocyte protoporphyrin testing are unacceptable.

Health Plans may combine administrative data with medical record data provided the dates of service between the medical record and the administrative service date are at least 14 days apart. Health Plans, therefore, may count one lead test recorded in the medical record and the other found in their administrative data.

Other Indicators:

The number of lead tests performed.

The number of lead tests performed with elevated blood lead levels.

The number of children with elevated blood lead levels that had follow-up.

Important Notes:

- ♦ Use the same sample your health plan selected for childhood immunizations and then apply the additional continuous enrollment criteria.
- ♦ This measure can be calculated using the administrative method or the hybrid method, though lab values must be found in the medical record if not captured administratively.
- ♦ Results of erythrocyte protoporphyrin testing are unacceptable. CPT code 83655 or equivalent (e.g., Unilab sometimes uses an equivalent code) may be used for administrative data. Any equivalent codes should be crosswalked and will need final approval. The heavy metal screening code 83015 should not be used for this measure.